

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/831552

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4						
5	/					
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48	/					
49	/					
50	/					
TOTAL IND.	2					
TOTAL DEP.	55	↔	↔	↔		
TOTAL CLAIMS	57					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						